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Disclosure of Gender and Sexual Minority Identities in Military Cultures Post-DADT

Katherine E. Evarts
Antioch University, New England

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by

Katherine Evarts

B.A., New College of Florida, 2012
M.S., Antioch University New England, 2015

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by

Katherine Evarts

Candidate for the degree of Doctor of Psychology
and hereby certify that it is accepted*.

Dissertation Committee Chairperson:
Martha Straus, PhD

Dissertation Committee members:
Barbara Belcher-Timme, PsyD
Gina Pasquale, PsyD

Accepted by the
Department of Clinical Psychology Chairperson

George Tremblay, PhD
on **2/20/17**

***** Signatures are on file with the Registrar's Office at Antioch University New England.

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Abstract

The repeal of Don't Ask Don't Tell (DADT) banned legally-supported discrimination against United States (US) military personnel who identify with sexual minority identities, but has the repeal also had an impact on gender and sexual minority veteran and military personnel comfort with disclosing such identities to Veterans Affairs (VA) mental health providers? The current research illuminates veteran and military personnel perspectives about this possible shift in VA mental health care culture, as well as about ways that such disclosure could be further facilitated in order to improve the care provided. US veterans who identify with sexual minority identities have multiple, intersecting identities that put them at higher risk for mental health disorders than their non-minority veteran peers (Cochran, 2001). The literature surrounding the Minority Stress Model (MSTM; Meyer, 2003) comprises the conceptual framework from which this research can be more cogently understood. MSTM posits that concealment of a gender or sexual minority identity, among other factors, is a major stressor for individuals with such identities (Meyer, 2003). Eliciting veteran and active military personnel perspectives with an online survey, this study identified and explored themes associated with current levels of comfort with disclosure of gender or sexual minority identities to VA mental health care providers. Within a phenomenological methodology, the current study used thematic analysis procedures for analyzing the qualitative data (Braun & Clarke, 2006). The data were then presented and explored using Thematic Networks (Attride-Stirling, 2001). Descriptive and qualitative analyses revealed that, while many participants have seen a substantial change in culture and comfort, many others still experience discrimination. Implications, limitations, and suggestions for future research are explored.

Keywords: gender and sexual minorities, veterans, minority stress, disclosure

Disclosure of Sexual and Gender Minority Identities in Military Cultures Post-DADT

United States (US) military personnel are exposed to combat, war zone stressors, and military sexual trauma while fighting to protect our country, and then face numerous hurdles as they attempt to reintegrate into society. Given what these individuals are exposed to, it is not surprising that they, and veterans, have a higher likelihood of being diagnosed with Posttraumatic Stress Disorder (PTSD), nor is it surprising that both are at high risk for suicidality (Ilgen, et al., 2010). LGBTQ+ individuals (Lesbian, Gay, Bisexual, Trans* —whether transgender or transsexual— Queer, and individuals with other non-heterosexual and trans* identities) in the military are also at an increased risk for mental health disorders, such as depressive, anxiety, and substance use disorders (Cochran, 2001). Therefore, it follows that LGBTQ+ veterans and active military personnel likely experience additional stressors and risks that neither heterosexual military personnel nor LGBTQ+ civilians are exposed to. For example, in a study with US veterans, homosexual orientation was compared to heterosexual orientation and was significantly associated with thoughts of death, wanting to die, thoughts about committing suicide, and attempted suicide (Herrell, et al., 1999).

The most recent estimate of living US veterans is over 23 million, 36% of whom were receiving Veterans Affairs (VA) benefits and services in 2009 (Department of Veterans Affairs, 2009). Of those living veterans, nearly one million are estimated to be lesbian or gay, with many more identifying with other minority sexual identities (Gates & Herman, 2014). In addition, lesbian and bisexual women have a greater representation in the military population (10.7%) than in the general population (4.2%; Gates & Herman, 2014). Similarly, transgender individuals also serve at higher-than-expected rates. For example, in one study of 141 individuals who identified as transgender, 30% were veterans, which is triple the proportion in the US population

(Shipherd, Mizock, Maguen, & Green, 2012). Therefore, given both the large size of these subpopulations, and the clear psychosocial needs of these individuals, clinical psychology, among other fields, needs to promote a focus on the treatment and reintegration into civilian life for LGBTQ+ military personnel and veterans.

Problem Statement

When compared with heterosexual veterans, non-heterosexual veterans are more likely to screen positively for PTSD, depression, and alcohol problems (Cochran, Balsam, Flentje, Malte, & Simpson, 2013). In addition, Cochran and colleagues further found that anxiety surrounding concealment of one's sexual orientation was related to current depression and PTSD symptoms, suggesting that concealment of minority identities may be a factor in maintaining depressive symptoms for veterans. By contrast, research with LGBTQ+ civilians shows that such individuals appear to bolster their coping processes by coming out (Morris, Waldo, & Rothblum, 2001). It is likely that coping can be impeded by concealment of gender or sexual minority identities, and, as for civilians, that disclosure of such identities can be a growth-fostering process for veterans.

When Don't Ask Don't Tell (DADT) was put in place, it modified the military law to allow for expulsion due to sexual behavior, rather than sexual identity, prohibiting disclosure for these individuals (Cochran et al., 2013). It was repealed in 2011, allowing military personnel to be open about their sexual identities while serving. The repeal of DADT did not necessarily eradicate the need for concealment, however, since many older generations of veterans are still heterosexist and homophobic. Thus, veterans who identify with sexual minority identities have psychosocial symptoms that are uniquely associated both with the constraints of the military culture, and the effects of recent political change on that culture (Cochran et al., 2013). Notably,

even since the repeal of DADT, 48% of LGBTQ+ women indicated victimization due to sexual identity while in the military (Balsam, Cochran, Molina, & Simpson, 2012), and more LGBTQ+ veterans reported suicidal ideation compared to heterosexual veterans (Blonisch, Bossarte, & Silenzio, 2012). The researchers posited that the higher rates of suicidal ideation in LGBTQ+ veterans was partly due to lower rates of social and emotional support; apparently, these rates were unaffected by the repeal of DADT (Blonisch, Bossarte, & Silenzio, 2012).

Notably, prior to June 30, 2016, transgender individuals (whether they identify with a sexual minority or not) continued to be restricted from serving in the military, contributing to a sense of enduring discrimination, fear, harassment, and threats to justice for all minority individuals in the military (Kerrigan, 2012; Yerke & Mitchell, 2013). Over the past several years, since the repeal of DADT, the military has made additional significant strides in addressing such discriminatory policies. For example, in 2011, the Veteran's Health Administration (VHA) established a directive of care (updated in 2013) for individuals who identify as transgender or were born intersex, suggesting an awareness of the prevalence of this subpopulation and the necessity to provide treatment for its individuals, despite the ban against transgender individuals openly serving in the military (Department of Veterans Affairs, 2013). The access that the Department of Defense (DoD) had to electronic medical records of personnel prevented active military members from seeking care at VAs, but veterans may have had additional comfort doing so, given this directive. Finally, in June 2016, the pentagon announced that transgender individuals would now be able to openly serve in the US military. This policy reform was necessary as the repeal of DADT did not directly address the inclusion of trans* individuals. Thus, the repeal of DADT was insufficient to eradicate many of the unique concerns of

LGBTQ+ veterans and military personnel; however, subsequent reforms have been implemented to become more inclusive.

In addition to affecting the psychosocial health of LGBTQ+ personnel and veterans, concealment of sexual identity also affects military task cohesion by hampering social cohesion (Moradi, 2009). Consistent with other studies of workplace experiences of sexual identity disclosure, Moradi found that disclosure was related to job satisfaction, organizational commitment, peer relationship support and satisfaction, and cooperative group process. Moradi surveyed 445 LGBT (Queer and other sexual identities were not included) US veterans and found a positive relationship between sexual orientation disclosure and social cohesion, as well as negative relationships between sexual orientation concealment and social cohesion, and harassment and social cohesion. The surveys also revealed an indirect relationship between disclosure and task cohesion, suggesting that, by improving social cohesion in the military unit, disclosure of minority sexual identities can also improve task cohesion and the group process. Therefore, given the relationship between social cohesion and sexual identity disclosure, comfort with disclosure of minority sexual identities should be enhanced not only for the psychosocial health of our LGBTQ+ veterans and military personnel, but also for the cohesion and effectiveness of military tasks.

Lastly, concealment of gender and sexual minority identities has likely had a deleterious effect on the VA mental health providers' abilities to provide culturally sensitive treatment. In the absence of education about these identity groups, a provider may inadvertently uphold stereotypes or fail to create a protective environment for clients (Goodenow, Szalacha, & Westheimer, 2006). The recent literature surrounding multicultural competence requests that treatments provided to minority groups be culturally-sensitive and adapted to fit the specific

needs of the specific population (Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003). Therefore, if medical or mental health providers did not know about the individual's unique stressors, as would otherwise be indicated by disclosure of a gender or sexual minority identity, it would have been much more difficult for them to provide the appropriate, culturally-sensitive treatment before the repeal of DADT. For example, learning that a client belongs to a minority sexual identity group would allow a provider to connect that client with appropriate resources and, if the client's minority status is causing impairment, the provider would be able to provide psychotherapeutic support with consideration of minority stress and other multicultural tenets.

Background & context of the problem. Prior to 1994, there had been a ban on any lesbian, gay, or bisexual individuals serving in the US military. When DADT was put in place, it modified the military law to allow for expulsion due to sexual behavior, rather than sexual identity, prohibiting disclosure for these individuals (Cochran et al., 2013). In 2011, DADT was repealed, such that the military services are no longer legally supported in discriminating against sexual minorities. However, military culture had moved towards acceptance long before the repeal of DADT, even if many of the military personnel who had entered the service decades prior were not aware (Parco & Levy, 2013). Political changes were still necessary for full inclusion of LGBTQ+ military personnel; the political spheres needed to catch up to the changing military cultures.

As Frank (2013) explains, LGBTQ+ advocates were a major part of the repeal process, suggesting that public pressure can be instrumental in creating social change. In addition, OutServe, an underground network of actively-serving LGBTQ+ personnel had formed long before the repeal; OutServe was able to engage in the political fight by organizing so LGBTQ+ individuals' voices would be be heard during the repeal process (Fulton, 2013). However, few

people realize that individuals who identify as transgender (whether they also identify with a sexual minority identity or not) were still restricted from serving in the military until recently. Due to this ban, also known as the "trans* ban," it has been difficult to establish accurate statistics regarding the prevalence of transgender military personnel and veterans; however, it has been estimated that 15,450 transgender people serve in the US military in silence (Elders, 2014) and 134,300 transgender veterans may have provided military service throughout American history while concealing their gender identity (Gates & Herman, 2014).

On June 30, 2016, the pentagon announced that the ban against transgender individuals openly serving in the US military was lifted. However, interested individuals need to have lived in their preferred role for a year and a half (after having finished their transition) before entering the military. These new regulations are a work in progress: the DoD states that it will review the information learned from this new process in two years, adjusting facilities and resources as necessary. Notably for this dissertation, although people who identify as transgender can now serve openly in the military, this political change occurred after the data were collected. Therefore, the research reflects the five years after the repeal of DADT when individuals who identify as transgender were still being legally discriminated against in the US military and were still fearing discharge if they were open about their gender identities.

Statement of Purpose

DADT has been repealed, and the ban against transgender individuals serving in the armed forces has been lifted. However, LGBTQ+ veterans and military personnel continue to need support that is unique to their intersecting identities, including support that reflects the rapid sociopolitical changes in military culture by offering resources and publicly supporting LGBTQ+ veterans now that the political changes allow it. Although no longer legally supported, it is

probable that these individuals who identify with gender and sexual minority identities are still being discriminated against in the military. Culturally competent care is necessary for their return and recovery processes. In this dissertation, I explored LGBTQ+ veteran and military personnel perspectives on whether comfort with disclosure of gender or sexual minority identities to VA mental health care providers had shifted due to the repeal of DADT, and what providers might do to help facilitate disclosure. The data for the current research were collected before the ban against transgender military personnel was lifted and do not reflect this new political change.

Rationale & significance. The repeal of DADT has undoubtedly affected military and veteran cultures indelibly, which will continue shifting over time as a result; therefore, it will be important to continually evaluate the ways in which these cultures have changed (Johnson & Federman, 2013). In addition to providing another assessment of the post-DADT military cultures six years after the political change, the current study aims to provide a forum for LGBTQ+ veterans and military personnel to have their own experiences illuminated. Their perspectives on post-DADT comfort with disclosure of minority gender or sexual identities provide personal insight into ongoing cultural shifts in both military and VA cultures.

In addition, LGBTQ+ veteran and military personnel perspectives on what might facilitate disclosure in mental health settings may assist with an increased understanding of how to enhance culturally-competent care for this population. Although the current research is concerned with mental health care, medical care could similarly be improved by facilitating disclosure of minority identities, improving the doctor-patient alliance and enhancing the likelihood of appropriate medical care. Because social and political changes are occurring at such a rapid rate, the current methods could be repeated at later follow-up points to compare themes and evaluate any further changes in veteran and military cultures due to the repeal of DADT and

other political shifts. This exploration describes veteran and active military personnel experiences from a singular point in time – five years after the repeal of DADT.

Conceptual Framework

A conceptual framework is a "system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research" (Maxwell, 2009; p. 33). Further, a conceptual framework informs the rest of the study: it helps the researcher refine and assess goals, develop realistic research questions, select appropriate methods, identify potential validity threats, and justify the research (Maxwell, 2009). For the current conceptual framework, the literature surrounding the Minority Stress Model (MSTM; Meyer, 2003) and its use with sexual minorities was used to illuminate the unique stressors and subsequent mental health risks of the LGBTQ+ veteran and military personnel subpopulations.

Minority stress has been discussed across numerous areas of psychology and disciplines as consisting of unique stressors for those individuals in a minority position caused by stigma, prejudice, and discrimination; these stressors create subsequent mental health problems for the individuals in the population. Minority stress is assumed to be unique, requiring more adaptive efforts than for non-minority individuals, as well as chronic, sustained by underlying social structures. Meyer (2003) applied the concept of minority stress to individuals who identify with sexual minority identities in order to explain the differences in mental health characteristics between heterosexual and non-heterosexual individuals. MSTM includes several distinctions, one of which is between distal and proximal stressors. Distal stressors, such as objective discrimination or violence, influence proximal stressors, such as identity concealment or internalized homophobia. Buffers to these stressors include social support, coping abilities, and some contextual factors. With use of a meta-analysis, Meyer (2003) revealed major factors of

MSTM for sexual minorities as: experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes. Helping minority individuals to bolster their coping processes to counteract the negative psychological effects of the dominant culture is an important step in intervening. MSTM invites researchers and therapists to focus on proximal and distal features, as well as on intervening at both individual and structural levels with a strength-based focus.

There are numerous empirical studies that support the suggestion that non-heterosexual individuals undergo unique stressors due to cultural and social stigmas or prejudices. For example, before marriage equality was granted by the Supreme Court, non-heterosexual individuals living in states with bans on marriage equality had significantly worse mental health characteristics than those individuals living in states without such bans (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). These findings show the impact of institutional changes on the mental health of individuals they are intended to affect. In addition, another study tested the factors of MSTM in regards to suicidal ideation, and found that lack of social support had the strongest association with suicidal ideation, although the other MSTM factors still had medium effect sizes (Plöderl, et al., 2014). Although degree of openness (about one's sexual identity) was initially a risk factor for suicide attempts, it later became a protective factor associated with more social support and lower internalized homophobia, again showing the effects of proximal factors related to sexual minority status on individuals.

MSTM has also been explored as a framework for understanding the unique stressors associated with identifying with transgender and gender nonconforming identities (Hendricks & Testa, 2012). For example, the authors examined adverse effects of minority stress on gender minority groups, as well as the subsequent fears of future victimization and internalized

transphobia. The impact of minority stress factors on suicide attempts is also explored, as well as the mechanisms of resilience among gender minority groups.

Lastly, one of the first quantitative studies to test MSTM factors with a transgender population found that social stigma was positively associated with psychological distress, and that only peer support moderated the relationship (Bockting, Miner, Swinburne, Hamilton, & Coleman, 2013). Therefore, as these examples suggest, the literature surrounding MSTM has included empirical studies that support the importance of such factors to the experiences and mental health risks of individuals in gender and sexual minority groups. However, MSTM has not yet been empirically applied to veterans or active military personnel within these gender and sexual minority populations.

Meyer's (2003) application of minority stress concepts to sexual minority populations illuminates the stressors unique to identifying with a civilian minority sexual identity. Although some aspects of the model may have some overlap with holding a military identity, the stressors for LGBTQ+ military personnel and veterans are unique, as the stressors are specific to the *multiple* intersecting minority identities. Meyer's model can be applied to interventions with sexual minorities, but would likely benefit from addressing supplementary factors that are specific to this subpopulation in order to be applied to clinical care of LGBTQ+ veterans.

Once more inclusive of military culture, the factors from MSTM could be infused into the content of clinical work with this subpopulation, inform process and setting elements of such work, and encourage cultural and social awareness and acceptance. Lastly, the infusion of MSTM elements into clinical work would include an emphasis on resilience and strengths, promoting special interests and talents to counteract stigma and isolation. Therefore, Meyer's model guides the current discussion, and may be applicable in clinical practice with LGBTQ+

veterans and active military personnel if it were supplemented by factors specific to the subpopulation.

Culturally-Sensitive Treatment

An important feature of multicultural competence is providing culturally-sensitive treatment for minority populations (Roysircar, 2003). With the political shift caused by the repeal of DADT came a new culture at the VAs, and new challenges for VA mental health providers who needed to provide culturally-sensitive treatment for this population. In an attempt to illuminate these recent challenges, and offer some ways to integrate evidence-based and culturally-relevant practice, one group of researchers conducted a participatory program evaluation of the VA Palo Alto Health Care System's Living Out Loud/Laughing Out Loud (LOL) support group. LOL provides "an example of evidence-based intervention for LGBT vets in a post-DADT world, in spite of limited empirical hard data" (Ramirez, et al., 2013; p. 403). The successful precautions for not outing members in order to increase and maintain participation included holding sessions in the early evening when most people had left the VA, not publicly advertising the room location, and discreetly charting in the VA medical records. The authors call for future research to focus on culturally-relevant and responsive practice that includes targeted outreach and intervention strategies. Evidence-based practice that addresses minority stressors, while building on unique forms of LGBTQ+ cultural strength and resilience, remain integral to effective support of this population.

In one of the first post-DADT needs assessments of US Veterans Affairs resources and barriers for care of LGBTQ+ veterans, results revealed that major aspects of VA care for this population include attention to the current culture of the facilities (staff, veterans, and environment), concerns of safeguarding privacy and dignity of veterans in the electronic medical

record system, and the need for trained staff and resources for the staff (Johnson & Federman, 2013). In particular, some veterans may not be disclosing gender or sexual minority identities to medical providers because they know it will go in the Electronic Medical Record (EMR), and will be available to the Department of Defense (DoD; Johnson & Federman, 2013); therefore, the coordinated care enhanced by the EMR also provides an impediment to disclosure of gender and sexual minority identities. In addition to highlighting the need for culturally-relevant treatment for LGBTQ+ veterans, this assessment revealed the salience of resources, facilities, and privacy in providing care for LGBTQ+ veterans. The current study, therefore, furthers this research by providing veteran and active military personnel perspectives on the recent cultural shift and facilitation of disclosure, exploring challenges and institutional obstacles.

In one of the few existing qualitative studies, LGBQ+ (only those identifying with a sexual minority, not a gender minority) veteran perspectives were also gathered at the time of the DADT repeal, so as to gain an understanding of meaning-making surrounding the cultural and political shift (Parco & Levy, 2013). Parco and Levy (2013) used oral history procedures to get narratives from LGBQ+ veterans, and then used Grounded Theory methods to analyze the data. The theory that resulted revolved around core contradictions that sexual minority participants revealed were inherent in DADT *and* its repeal. The contradictions manifest across individual, interpersonal, and institutional levels. The different types of contradictions revealed were those revolving around: (a) values (military rule of integrity vs. concealment of identity), (b) wartime (sexual identity only stopped mattering when the country was at war), (c) control (leaders fearing they would not be able to control LGBQ+ personnel, and yet were able to easily), (d) silence (DADT was uncontested because it required silence in itself), and (e) heroism (view of heroism

as mutually exclusive with non-heterosexual identities). Therefore, the repeal of DADT certainly had a complex impact on the meaning-making of LGBQ+ veterans at the time.

The current study provides some perspectives from individuals with sexual *and* gender minority identities regarding the effects of the repeal on comfort with disclosure of such identities six years past the repeal.

Overview of Research Design

In order to address the current research queries, purposive sampling was used to recruit LGBTQ+ veterans and active military personnel. The short survey was posted in online forums, with questions informed by the literature review and conceptual framework. Following data collection, the open-ended responses were analyzed with thematic analysis methods, including text segment selection, open-coding, and thematic abstraction (Braun & Clarke, 2006). The resultant themes comprise thematic networks—visual explorations of the phenomenon in question. The themes are then described with use of direct (anonymous) quotes, accompanying descriptive analyses of the quantitative and demographic items. Altogether, these methods were employed in the pursuit of developing an exploration of any shifts in comfort with disclosure of gender or sexual minority identities five years after the repeal of DADT. In addition, the current research design also illuminates LGBTQ+ veteran perspectives about possible ways that VA mental health providers can be facilitative of veteran and military personnel disclosure of gender and/or sexual minority identities and more sensitive multicultural treatment.

Methods

For the current study, a phenomenological methodology informed the research process, which included thematic analysis for data analysis procedures and thematic networks for data synthesis and presentation procedures. Phenomenological methodology, focused on illuminating

the essence of a given experience, and the meanings that those involved in that experience make, was an appropriate fit for the current research concerns. Purposive sampling was used in order to reach as many volunteers from this population as possible. Given the importance of confidentiality for these individuals, an online survey was used to allow participants to write down their reflections anonymously. The responses were analyzed with thematic analysis—a set of qualitative research methods that focuses on abstracting common themes from across several cases (Braun & Clarke, 2006). Responses to the qualitative items were separated into text segments, each with a distinct meaning. The segments were then coded and organized by code, in order to abstract themes and create thematic networks. Methodology, sampling, data collection, and data analysis considerations, as well as ethical and trustworthiness concerns are explored in the following section.

Rationale for Research Methodology

The research purposes informed the choice of phenomenological methodology and its philosophical underpinnings for the current study. As previously described, the current research illuminates numerous LGBTQ+ veteran and active military personnel perspectives regarding the shift in mental health care culture (now that DADT has been repealed), and identifies themes about how the VA might better enhance comfort with disclosure of gender and sexual minority identities. The phenomenological approach is commonly used to inform our understanding of a novel or under-researched topic through its inductive nature (Smith, 2004). Given how little we know about LGBTQ+ veteran and active military personnel experiences after this major political shift, the inductive nature of phenomenology makes it an appropriate methodology for the current research.

Further, due to the phenomenological concern with illuminating others' voices, I develop detailed descriptions of the subjective and unique experiences of this population. Because phenomenology seeks to reveal the complexity among diverse experiences of the same phenomenon, it was appropriate for the current research questions, which yielded complex responses, and multiple themes, from participants.

In addition to the current research purposes informing the choice of phenomenology, my personal beliefs and assumptions also drew me to this methodology. For example, my belief in social constructionism runs parallel to the philosophical roots of phenomenology (Smith, Flowers, & Larkin, 2009). Phenomenology and social constructionism are both postmodern theories, rooted in the suggestion that knowledge and "truth" are socially and culturally created and influenced (Gergen, 2009). In addition to guiding my methodological choices, my assumptions and biases affect my research process (e.g., Moustakas, 1994).

Researcher's Perspectives & Assumptions

Consistent with the overwhelming literature supporting researcher awareness of biases, values, and assumptions, the following section aims to reveal my current construction of personal perspectives and assumptions. In addition, phenomenology suggests suspending what is "real" in the pursuit of understanding the essence of a phenomenon, or taking a "natural attitude" (Creswell, 2006). The researcher's perspectives and assumptions undoubtedly influence the research and therefore must be evaluated in order to account for these influences and in order to explain how certain research decisions were made. Mertens (2010) suggests being aware of one's own epistemological, axiological, ontological, and methodological perspectives in an attempt to account for such influences. After evaluating my own assumptions, phenomenology suggests

"bracketing out," or putting aside these assumptions as much as possible, in order to perceive the essence of the phenomenon (Creswell, 2006).

Before evaluating my ontological perspective and its overlaps with phenomenology, an illumination of my own intersecting identities may provide some assumptions that I will need to "bracket out" throughout research collection and analysis. For example, I identify with many of the tenets of third-wave feminism, such that I believe all people should be treated equally. Therefore, an automatic assumption I have is that all people should get equal rights, and should want others to as well. In addition, given my current status as a doctoral student in clinical psychology, I am inclined towards believing that disclosure of personal information to trustworthy individuals (such as a therapist) is important. Thus, although concealment of sexual identities increases minority stress (Meyer, 2003), there may be some individuals who do not correlate disclosure of identity with better psychosocial functioning, even if barriers were removed. I needed to bracket out my assumptions that all individuals should be treated equally (and should believe others should be treated thus) and that disclosure of personal information undoubtedly leads to healthier psychosocial functioning.

As Maxwell (2009) explains, choosing a research paradigm is not always a matter of free choice. Rather, it must also match the researcher's assumptions and biases. Consistent with this suggestion, many of my assumptions match those found in phenomenology. For example, I believe that knowledge is socially-constructed and co-constructed, with cultural, economic, political, and socioeconomic factors constantly influencing it. Therefore, my epistemological perspective, or view on the nature of knowledge, and the relationship between the knower and known, is consistent with phenomenology.

Phenomenology similarly accounts for the ways in which a researcher's biases and assumptions intertwine with the participants' in order to co-construct the research product. Although *bracketing out* suggests suspension of such attitudes for the duration of data collection, the phenomenology literature acknowledges the impossibility of pure objectivity as a researcher (Creswell, 2006). I, too, believe in the impossibility of pure objectivity in research.

Phenomenology is also based on the philosophical rejection of the subject-object dichotomy in favor of Cartesian Dualism (Creswell, 2006). Cartesian Dualism involves the necessity that every object is understood from the subjective experience of the subject, thereby making all existence inextricably subjective *and* objective. As previously mentioned, I believe pure objectivity is impossible; I also believe that objects are inextricably tied to our subjective experiences of them, given my social constructionist perspective. Therefore, my ontological perspective tends to be informed by social constructionism; the overlaps between my own perspectives and those of phenomenology provide further rationale for the choice of the current paradigm.

Information Needed

Perceptual information. The information required for the current study was obtained through the use of an online survey (see Appendix A for survey questions). The survey requested that LGBTQ+ veterans and active military personnel respond, in an open-ended format, to several questions about the VA mental health care culture now that DADT has been repealed; whether disclosure of minority identities would be more comfortable now; and recommendations for how VA providers could better support safe disclosure. There was also one item that was in a multiple choice format in order to obtain descriptive statistics about how many participants believed there has or has not been a change in comfort with disclosure since the repeal.

Demographic information. The current study also required some demographic information from participants, primarily to control for cohort and geographical effects. Specifically, the demographic questions were concerned with current gender identity, biological sex, current sexual identity, age, state of residence, and war(s) fought in (see Appendix B for a complete list of demographic questions). Additional questions addressed whether participants have received mental health services at a VA and, if so, whether they are out to their providers. Age would only have been exclusionary if a participant was under 18, but none of the participants were. Information about state and war(s) fought in was requested in order to control for regional and generational differences that may have unfairly influenced the results. Lastly, one additional question asked participants to specify whether they have felt discriminated against at the VA since the repeal of DADT, by any providers. This question was included to look for any effects of experiencing discrimination on whether participants believed there had been a shift in comfort with disclosure.

Sample & Sampling Methods

Rationale for sample & population. While Johnson and Federman (2013) have investigated the clinical effects of the post-DADT cultural shift from the provider perspective, veteran and active military personnel perspectives on this cultural shift in VA mental health settings have yet to be explored. Thus, in order to examine the possible effects of the repeal of DADT on LGBTQ+ veteran and active military personnel comfort with disclosure of minority identities at VAs, the current study sought to raise LGBTQ+ veteran and active military personnel voices. Perhaps the results and abstracted themes might stimulate growth and development within the realm of VA clinical support by providing a recent snapshot of the cultural effects, and improving provider awareness. Therefore, the sample was homogeneous

insofar as all participants were over 18, US veterans or active military personnel, and currently identified as non-heterosexual or as any gender identity under the umbrella of trans*.

Justification for sampling methods & size. Purposive sampling involves choosing participants based on the research questions (Mertens, 2010). Because the current study requests information about LGBTQ+ veteran and active military personnel comfort with disclosure after a recent political shift, it is important to include participants who will have insight into such topics. Firsthand experiences with veteran and active military personnel comfort related to disclosure can best be provided by LGBTQ+ veterans and active military personnel. In order to reach this subpopulation, without threatening their confidentiality, the survey was put on online forums read by LGBTQ+ veterans and active military personnel (ethical considerations discussed below). Because I hoped to reach veterans and active military personnel who are, and are not, seeking care at VAs, public forums available to all LGBTQ+ veterans and personnel were most suitable for this study. A recruitment letter was sent to site administrators in order to request that my survey be posted on those selected sites (see Appendix C, Letter I).

Given that statistical power is not necessary to analyze the data, qualitative research is more dynamic in consideration of sample size (Mertens, 2010). When decision-making about sample size in qualitative studies, therefore, one has to consider whether a specific sample size will provide enough information to be able to code or analyze the results. Further, because I am exploring the differences among human experiences within a population, the sample had to also be small enough to allow for careful step-by-step analysis of each case (Smith & Osborn, 2008). Further, the textual analyses involved resources such as time and money; every LGBTQ+ veteran and active military personnel perspective from the US could not be analyzed. A minimum sample of 10 (but no more than 20) cases was originally desired. The 10-20 surveys were

thought to likely yield a variety of LGBTQ+ veteran and active military personnel perspectives that may also present some commonalities. If 10 participants had not responded to the first dissemination of the survey link, I would have sent the link to additional sites. However, there were 16 responses from the first list of sites I contacted; I closed the survey 30 days after the last respondent.

Overview of Methodology: Phenomenology

Phenomenological methodology focuses on *what* is experienced, as well as *how* it is experienced (Moustakas, 1994), with roots in works by European philosophers such as Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, and Maurice Merleau-Ponty. The essence, meanings, and structures of the experiences of a given phenomenon, by a given group, are the focus of phenomenology. For the current research, the meanings behind LGBTQ+ veteran and active military personnel experiences with minority identity disclosure in a post-DADT world were explored.

As Creswell (2006) warns, one working within the tradition of phenomenology would be remiss to ignore the philosophical underpinnings of the theory. Phenomenology calls for a return to the traditional tasks of philosophy, rather than the recent movement towards scientism. Further, phenomenology requires the investigator to suspend judgment about what is "real" when engaging in research. The final two core philosophical tenets are connected. The first relates to the intentionality of consciousness, or the fact that our consciousness is ever directed at an object and that object is inextricable from our consciousness of it. The latter tenet is the refusal of the subject-object dichotomy, since phenomenology supports the notion that neither subject nor object is inextricable from the other (Creswell, 2006).

Phenomenological studies most often employ in-depth, semi-structured interviews to gather detailed information about the experiences in question (Moustakas, 1994). However, Smith warns that "it is important not to be exclusionary about this," since participants' perspectives can also be illuminated through other means, such as text (Smith, 2004, p. 50). For the current study, I based my decision to gather written narratives on my desire to reach more participants than may be available for semi-structured interviews. I further determined that anonymity is likely a chief concern for this population—even in a post-DADT world. In order to reach participants who may not have felt comfortable being open about their gender and sexual identities, and did not necessarily seek support from VAs, online forums seemed to be the most direct route of recruitment. The resulting data—written responses to questions—were still characterized by narrative chunks that could be analyzed using thematic analysis methods.

At its most simplified, phenomenological research requires a phenomenon, individuals who are willing to share their experiences, and a researcher who is willing to actively attend to commonalities and variations across shared experiences. With the participation of LGBTQ+ veterans and active military personnel, we were able to illuminate the phenomenon of the post-DADT cultural shift through actively attending to the convergences and divergences across these 15 accounts.

Pre-Data Collection

In order to collect the appropriate information, the survey questions were carefully constructed based on the literature, critically evaluated, and revised. For example, based on the finding that concealment is a major psychological stressor for LGBTQ+ veterans (Cochran et al., 2013), I chose to focus my research questions on whether there had been any changes in comfort with disclosure, specifically, since the repeal of DADT. As I worked to make the questions as

provocative of longer text as possible, I revised them by adding a sentence to each open-ended question that requested an explanation of the participant's experiences that contributed to the given opinion.

Although the spontaneity and clarification possible with interviews was missing by virtue of using a survey, the questions were still funneled to allow for more and more detail within the responses. "Funneling" is often used in phenomenological interviews in order to lower bias and priming by starting with questions that elicit the participants' general views and then asking more specific questions (Smith & Osborn, 2008). Therefore, for the current survey, the early questions were more general than those following (see Appendix A for survey questions). For example, whereas the first question asked about the VA culture at large, the second and third questions were more specifically about comfort with disclosure having improved since the repeal.

The fourth question, also regarding perceived comfort with disclosure, is the most specific item, asking participants to pick one of three answers that indicate: 1. Increased comfort since the repeal, 2. No increase in comfort, or 3. No increase because the individual was already disclosing before the repeal. Although I focused on lengthy responses for the current qualitative analyses, I also included that one quantitative question to allow for a description of the number of participants who believed the culture had or had not changed since the repeal.

Data Collection

The survey was entered into an online survey platform, Google Forms, creating a link that could be distributed. The link to the survey was included in a rationale-focused recruitment letter that was posted to several forums by site administrators that I contacted (see Appendix C, Letter II for recruitment letter for participants). These forums belong to sites, including those

belonging to shared-interest groups and organizations that support LGBTQ+ veterans and active military personnel. I contacted six sites and three ultimately posted my request to their forums. Participants who chose to follow the link after reading the recruitment letter were brought first to the informed consent page (see Appendix D for informed consent). Once committed to taking the survey, participants clicked on "submit", confirming their consent before taking the rest of the survey. Participants then responded to five questions about comfort with and facilitating disclosure before responding to the demographic questions. Resources were provided in case responding to the survey was distressing for any of the participants.

At the end of the survey, respondents were given the option to provide their email addresses to be entered into a raffle and/or to have the results sent to them. The winner of the raffle was randomly selected, and received a $20 Amazon gift card. Once finalized, the thematic networks were emailed to each of the participants who indicated an interest in the results (all but one expressed interest). All of the email addresses, which had been kept locked and separate from the surveys, were then destroyed.

Ethical Considerations

The ethical considerations addressed in this study include confidentiality and informed consent. Confidentiality, unlike anonymity, involves the researcher's knowledge of participant names or contact information; however, it also involves the careful protection of such information and the absence of it in the report. For the current study, no names or identifying information was required of participants, which means that anonymity was possible. However, participants had a choice about whether they wanted to provide an email address in order to be entered into a raffle for a gift card, or to be contacted with the study's findings. In this case, confidentiality and privacy was adamantly protected; the email addresses were never released

nor were they kept with the surveys. The email addresses provided were exported separately from the surveys and entered as a group to the raffle. They were kept on a password-protected computer in a locked office. Therefore, if participants opted to waive anonymity in the form of providing an email address to the raffle or to receive the results, their confidentiality was still carefully protected.

Confidentiality was also addressed in the informed consent document, which constitutes a second important ethical consideration. Informed consent must be obtained from participants before they begin participation in order to protect against coercion and unwitting involvement in research that may cause damage (Nagy, 2005). Therefore, informed consent was obtained from each of the participants in the current study in order to ensure that each participant was aware of the risks and benefits of the study, participant right to withdraw from the study without punishment, the purpose of the research, what was required of the participant, any threats to confidentiality, incentives for participation, how to contact the researcher, and resources that might be helpful should participation have caused distress of any kind.

Ethical recruiting procedures. Recruitment of participants involved sending the survey link within a recruitment letter to site administrators who put the letter on their forums (see Appendix C). The recruitment letter stated the purpose of the study, the time involved in participation, and the potential risks and benefits of the study. Participants were given the option to ignore the post or to follow the link to the survey.

Informed consent procedures. The first page of the survey, the informed consent document, explained that by clicking "submit" at the bottom of the page, participants were providing their informed consent (see Appendix D). Participants were also prompted that they could print the informed consent from the webpage if they would like it for continued reference.

The contents of the informed consent document included: (a) the research purposes; (b) the expected length of time involved in participation (20-30 minutes); (c) the specific procedures (including survey and option to provide an email address); (d) the participants' right to refuse participation, or stop participating; (e) the possible risks (very low) and benefits (for the field of psychology and for the VA support of LGBTQ+ veterans and active military personnel) of the research; (f) the confidentiality efforts; (g) the incentives for participation (being entered into a raffle for an Amazon gift card); and (h) the contact information for the researcher and possible support resources if distress was caused in the process of filling out the survey.

Methods & Procedures for Data Analysis & Synthesis

Overview. Thematic analysis procedures were used to inductively arrive at codes and abstract themes out of the qualitative data (Braun & Clarke, 2006). The first step was immersion in the data, with reading and re-reading of all of the qualitative responses. From the 16 surveys, text segments that each contained a distinct meaning were highlighted for coding. Those chosen text segments were then open-coded in order to systematically group them. Once grouped, the segments provided the basis for abstracting themes. An auditor checked both the codes and the themes, separately, against the raw data to confirm my judgments. The themes were then categorized according to basic, organizing, and global themes so as to be synthesized and presented in thematic networks (Attride-Stirling, 2001). The quantitative item and demographics were analyzed descriptively.

Justification of approach. Thematic analysis procedures allowed me to inductively arrive at codes, thereby permitting me to be responsive to whatever the participants were willing to share. Rather than approach the data with a predetermined coding manual, I allowed the codes to arise from the veteran and active military personnel perspectives themselves. Further, thematic

analysis allowed me to share the veteran and active military personnel perspectives in a way that treated their realities as truth. Rather than questioning the stories or perspectives, the themes were intended to reflect the exact content of the text segments. This notion is supportive of the phenomenological tenet of the researcher suspending judgment of what is *real* when working with the data. Thematic analysis is not rooted to any one theoretical orientation, such that it can be used under a phenomenological methodology without theoretical conflict (Braun & Clarke, 2006). Lastly, thematic analysis resulted in themes that could be visually presented with thematic networks, thereby allowing for easy, accessible review of the results.

Approach to data analysis. The analysis procedures began with data immersion and multiple readings of all of the completed surveys. I separated the responses to the qualitative items into text segments, each segment with a distinct meaning. I then grouped the qualitative items about changes in culture and in comfort with disclosure together due to the similarities in the answers; I believed I could create one coding manual that would fit the responses to each of the items. The question about how to further facilitate disclosure was coded separately. I used open-coding to approach the text segments, providing a word or two that captured each one (Braun & Clarke, 2006), and created two coding manuals. At this point, an auditor was employed to review the coding manuals and check the codes against the raw data. I incorporated her edits and continued with thematic abstraction. I organized the text segments by their codes and abstracted themes to describe each cluster of segments. The auditor was again employed to review the themes against the raw data. Lastly, I used these themes in the data synthesis process, described below.

Approach to data synthesis. The resulting themes were then presented and explored in the construction and explanation of two thematic networks (Attride-Stirling, 2001). The thematic

networks provide visual representation of the different themes that arose from the thematic analysis process. The first step was to label these themes "basic themes." I reviewed the basic themes in order to develop the "organizing themes." Organizing themes are groups of basic themes that are centered on larger shared issues. From the organizing themes, I deduced "global themes" by summarizing the main claim, proposition, argument, assertion, or assumption of the organizing themes (Attride-Stirling, 2001). I was then able to illustrate these basic, organizing, and global themes with two thematic networks. Lastly, I verified and refined the networks by ensuring that each theme reflected the data, and vice versa.

The exploration of the networks (and constitutive text segments) was the final stage of data synthesis in the current study. The contents of the thematic networks were explored in the results section of the proposed study. Supported by direct text segments, the basic, organizing, and global themes were illuminated, as well as any patterns that emerged. Thus, altogether, the results were synthesized and presented using thematic networks, as well as illuminated through textural description and raw extracts.

The inductive nature of thematic analysis makes it appealing for illuminating an under-researched topic. The thematic analysis process included separating the responses into text statements, open-coding, abstraction of themes, and categorization of themes. Such procedures resulted in numerous clusters of themes that represent LGBTQ+ veteran and active military personnel experiences in a post-DADT world. The thematic networks facilitated the data synthesis, presentation, and exploration processes. The thematic networks also served as a useful tool in providing the data to those participants who provided an email address in hopes of receiving the results.

Issues of Trustworthiness

When conducting research, it is important to provide evidence and suggestions of the trustworthiness of the study and to keep quality controls in place in order to do so. Involved in the trustworthiness of qualitative research are credibility, dependability, transferability, and confirmability (Mertens, 2010). Mertens also presents different criteria for transformative quality; those relevant to the current study are described below.

Credibility. Credibility parallels the quantitative research concept of internal validity. Two important ways of promoting credibility in research are: (a) performing member checks, and (b) showing "prolonged and persistent engagement." Member checks involve collaboration with the participants in order to get their verification of the construction of the results that came out of the analyses (Mertens, 2010). In order to protect anonymity for those participants who want it, I did not require participants to provide email addresses. Although I sent the thematic network to those participants who wanted to see the results, this was not member-checking.

Another aspect of credibility is "prolonged and persistent engagement" which calls for researchers to be observing the phenomenon for long enough that they can see it enacted in a diverse range of situations (Mertens, 2010). For the current study, this involved exploring the phenomenon of LGBTQ+ veteran and active military personnel comfort with disclosure with enough participants, and for long enough with each one, to reveal a diverse range of information about the phenomenon. The surveys allowed for relatively lengthy responses, suggesting that the participants had a sufficient amount of time over which to feel comfortable with the format, and share a diverse range of reactions to the questions. In addition, the open-ended nature of the questions facilitated a wide and diverse range of responses.

Dependability. Dependability in qualitative research describes the documentation of changes in focus or methodology in the research. Although it parallels reliability in quantitative research, dependability suggests that change in the research process is inevitable, whereas reliability suggests consistency and stability over the process. The current research, which is post-positivist, is consistent with the approach that change is inevitable throughout the research process, and therefore should be documented as part of dependability. As a piece of this dependability provision, I documented all changes in the data collection, analysis, and synthesis processes. Referred to as an audit trail, a transparent description of the steps taken throughout the research process can illuminate what was done in the investigation (Smith, et al., 2009), thereby helping to provide dependability for qualitative research (Mertens, 2010).

Transferability. Transferability involves the ability of other researchers to make assumptions about whether these results would transfer to a different context, given the detailed description of the current context (Mertens, 2010). Since the current focus is solely on US military personnel, transferability to other countries' military personnel would be impossible without replicating the study. However, the Internet administration of the survey would easily facilitate replication anywhere. Replication would also allow for a more diverse population in terms of war era, US states, and races and ethnicities represented. As previously mentioned, thematic analysis is inductive and focuses on variance, which supports this goal of raising diverse voices, rather than aiming to represent *all* LGBTQ+ veterans and active military personnel from all wars. Lastly, we have just surpassed six years since the repeal of DADT, suggesting that this chronological contextual detail may also be significant to transferability. Tracking the changes in culture across different time periods following the repeal may reveal interesting patterns that may diverge from these findings..

Confirmability. Confirmability suggests that the research is not merely imagined by the researcher, but rather can be seen by others as well (Mertens, 2010). For the current study, this involved presentation of the original text segments, and clear explanation of how the themes and interpretations were drawn from the original sources. This presentation allows readers to confirm the line of reasoning from several text segments to their resultant interpretations and themes as an example of how the rest of the themes were arrived at (see Appendix F). Further, an auditor was employed to confirm the codes against the raw data, and then to review the themes alongside the raw data. Having an auditor review the codes and themes provided me with feedback that insured that I remained as true to the raw data as possible.

Transformative criteria. There are also transformative criteria for quality that revolve around social justice and human rights (Mertens, 2010). The criteria that the current study sought to meet are fairness, ontological authenticity, attention to voice, positionality, and reciprocity. Fairness requires presentation of a variety of different voices and perspectives in the research process, despite conflicts and value differences (Mertens, 2010). Therefore, the current research aimed to include relevant perspectives from each of the participants, even if the perspective was at odds with mine or with another participant's. Fairness in representation, and a focus on diversity of perspectives, provided the current research with a more comprehensive view of the current obstacles to LGBTQ+ veteran and active military personnel comfort with disclosure.

Ontological authenticity involves the group's conscious experience of the world becoming more informed or sophisticated (Mertens, 2010). The current survey aimed to contribute to the information available to participants, in part by prompting self-reflection about the topics with the questions. Further, those participants who were willing to provide email addresses in order to receive the thematic networks were also able to gain more information

about the results of the study, and add to their own reflections, through that process. By reflecting on the current topics and potentially seeing the results of the current study, participants may feel more informed and aware about the possible cultural effects of the repeal of DADT and what a few of their peers are thinking about it.

Attention to voice involves awareness of who is speaking for whom. For the current study, some LGBTQ+ veterans and active military personnel are speaking for many. They are speaking to the challenges they face as veterans and personnel, as well as to possible barriers to disclosure to VA mental health providers. It is important to remember, however, that, while speaking about their own experiences, these participants are representing a much larger group of LGBTQ+ veterans and active military personnel, a group in which some members may not share the same opinions and experiences. In other words, although the current participants are representing a much larger group, we still cannot assume that their opinions and experiences are shared by every member in that larger group.

Positionality requires attention be paid to the standpoint of the author and the effects it has on the research itself (Mertens, 2010). Indeed, the researcher must have both a heightened self-awareness and critical subjectivity to illuminate the effects of researcher standpoint on the results. The current study included a section related to my biases and perspectives in an attempt to imbue critical subjectivity and reveal the ways in which my subjectivity may be influencing the research and the results.

Results

Demographic Information

Of the 16 participants, one did not finish the survey and their resulting partial data was excluded from the analyses. Age of the 15 remaining participants ranged from 25 to 63 years old,

with a mean of 45.6 and mode of 43 years old. No one US state was overwhelmingly represented, with three participants from Colorado, and two each from California and Oregon. The other states and the District of Columbia were each represented by one participant (including Alabama, Connecticut, Indiana, Maryland, Michigan, New York, and Oklahoma).

In regards to biological sex, the 15 participants were born female (5), male (9) and "it's complicated" (1). Please see Table 1 for demographic information. However, in terms of current gender identities, the 15 participants now identify as female (7), male (2), trans* (5), and gender fluid (1). Therefore, four of the participants who were born male now identify as female, one participant who was born female now identifies as male, and four participants who were born male now identify as trans* or gender fluid. Three of the participants are cis-women (born female-bodied and currently identifying with female gender identity) and one is cis-male (same for male-bodied and currently male-identifying). All four of these cisgender participants identified as gay or lesbian. Thus, each participant identified with a gender minority or a sexual minority group, or with both. Of those participants who do not currently identify with the gender they were assigned at birth, two identified as straight, two as lesbian or gay, one as asexual, two as bisexual, one as pansexual, and three as queer. Seven sexual identities were represented in total.

Two participants were active military status when completing the survey. Of the 13 veteran participants, one was also in the Individual Ready Reserve (a category of the Ready Reserve of the US Armed Forces). Six of the participants served between wars and never saw combat. Of the other nine participants, four served in the Global War on Terror, three in the Gulf War, one in both, and one in the Cold War.

Five participants have not received mental health services at a VA or military facility. Of the 6 participants who have received VA mental health care services, 4 are out to their providers. Of those who have not received such services at a VA, one specified that they had come out to VA medical evaluators (but did not follow up with treatment) and another specified that she has come out to a non-VA provider. In regards to experiences of discrimination at a VA since the repeal, eight participants shared that they had experienced discrimination since the repeal, often giving examples, and seven shared that they had not experienced discrimination (despite most of them having come out to their providers).

Table 1. ***Demographic Information***

Biological Sex	**N**
Female	5
Male	9
Other	1

Gender Identity	**N**
Female	7
Male	2
Trans*	5
Gender fluid	1

Sexual Identity	**N**
Lesbian/Gay	5
Straight	2
Bisexual	2
Queer	3
Pansexual	1
Asexual	1
Other	1

Military Status	**N**
Active Military	2
Veteran	12
Other	1

War Cohort	**N**
Between Wars	6
Cold War	1
Gulf War	2
Global War on Terror	5
Multiple Wars	1

Has seen VA provider	**N**	**Out to that VA provider**	**N**
Yes	6		4
No	5		
Other	3		

Descriptive Analyses

Due to the small sample size (and, therefore, limited power) of the current data set, descriptive analyses were run on the responses to the multiple choice item and to some of the demographic items.

Multiple choice item. The multiple choice item asked participants to decide among "yes," "no," and "no, because I was already out to my provider" in response to whether the repeal of DADT had made participants feel more comfortable disclosing minority identities to VA mental health providers. Three of the 15 participants endorsed *no* (20%), that the repeal had not affected comfort with disclosure, whereas eight participants endorsed *yes* (53%). Four of the 15 participants (27%) endorsed that they did not believe comfort had improved but because they were already out to their providers. Thus, this was not the same as endorsing that there had been no change since the repeal, but rather more similar to a belief that the repeal made no effect because the culture had already been changing. Thus, the majority of participants believed that there had indeed been improved comfort with disclosure since the repeal of DADT (see Figure 1 for visual representation).

Demographic factors. Although the small sample size prevents interpretive analyses about whether demographic factors (such as age, gender identity and geography) had *significant* effects on the results, descriptive review of each was undertaken to reveal *possible* effects.

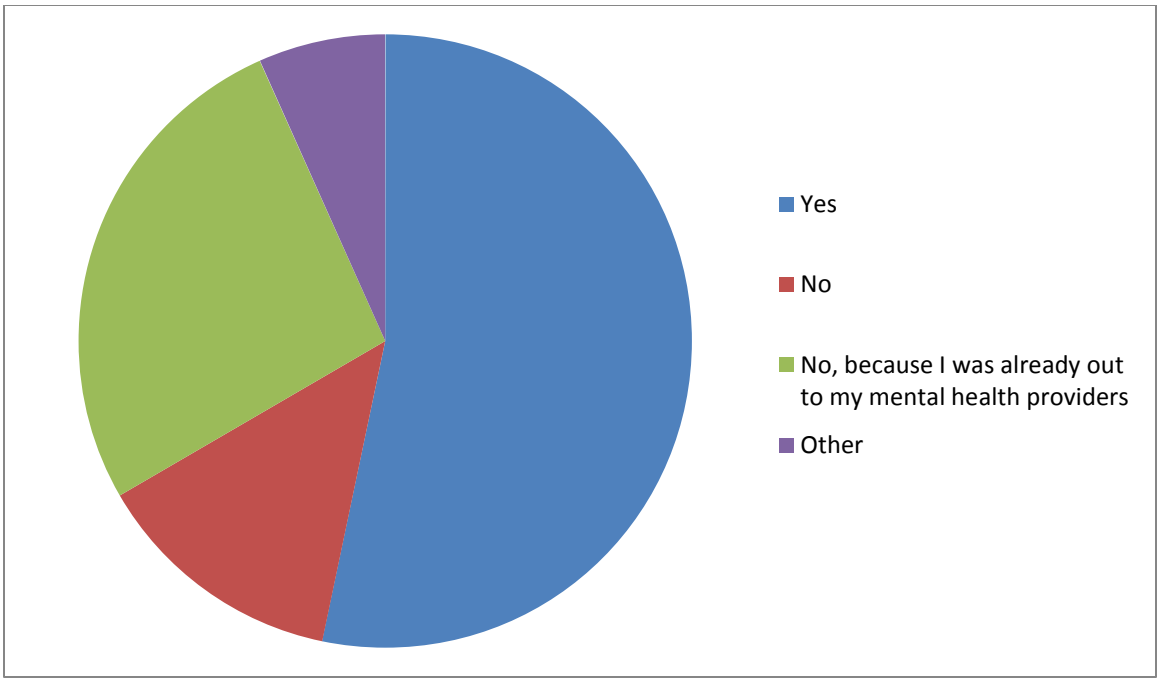

Figure 1. *Changes in comfort with disclosure to mental health care providers at the VA since the repeal of DADT.*

Gender identity. In regards to gender identity, participants who identified as trans* did not seem to be more or less likely to endorse that the repeal has made disclosure more comfortable, despite the continued existence of the trans* ban at the time they were responding. Specifically, six of 11 trans* or gender fluid participants endorsed *yes* it had become more comfortable (55%) and 2 of 4 cisgender participants endorsed *yes* (50%; see Table 2). However, participants who identified as trans* appear to have been more likely to have experienced discrimination at a VA, with one of four cisgender participants having endorsed such experiences (25%) and six of the 11 trans* participants having done so (55%; see Table 3).

Age. In regards to age, participants who were younger than 50 years old were less likely to have experienced discrimination at a VA since the repeal (25%) than those who were older than 50 (71%). Participants under 50 were also more likely to believe comfort with disclosure has improved since the repeal (63%) than those over 50 (43%). These age effects beg the question of whether, unrelated to age, having experienced discrimination at a VA since the repeal of DADT affected whether participants believed comfort with disclosure had improved. Indeed, comfort with disclosure appeared to be *slightly* affected by whether participants had experienced discrimination at a VA since the repeal. Four of the seven participants who *had not* experienced discrimination endorsed "yes" it had become more comfortable (57%), and four of the eight who *had* experienced discrimination did so (50%).

Other demographic factors. There were no obvious effects of active military status, war cohort, or geography on whether comfort with disclosure has improved since the repeal of DADT. Whether participants have received mental health services at a VA did not reveal any obvious effects on comfort with disclosure, either, with four of eight participants who don't

Table 2. *Change in comfort with disclosure by gender identity. N (%).*

Gender Identity	Yes, change	No change
Trans*	6 (55%)	5 (45%)
Cisgender	2 (50%)	2 (50%)

Table 3. *Experiences of discrimination at a VA by gender identity. N (%).*

Gender Identity	Yes, discrimination	No discrimination
Trans*	6 (55%)	5 (45%)
Cisgender	1 (25%)	3 (75%)

receive VA mental health services endorsing *yes* it had become more comfortable (50%) and four of seven participants who do (or have) received VA mental health services endorsing *yes* (57%).

Overall, it appears that gender identity had an effect on whether participants had been discriminated against, such that individuals who identify as trans* were more likely to have experienced discrimination. However, gender identity did not seem to have an effect on whether participants believed comfort with disclosure had improved. More consistently, older age had effects on both experience of discrimination and lack of comfort with disclosure. There were no apparent effects of active military status, war cohort, geography, or whether participants received VA mental health services on whether participants had experienced discrimination or whether they believed comfort with disclosure had improved since the repeal.

Qualitative Analyses

Items with responses that were analyzed qualitatively included four items about changes in military cultures and comfort with disclosure and one item about facilitating disclosure.

Changes in military cultures & comfort with disclosure. Three of the items about changes in VA culture and comfort with disclosure, as well as the item about whether participants had been discriminated against at a VA since the repeal, were combined for analysis, due to the similarity of the responses. Indeed, open-coding this group resulted in one coding manual that fit the responses to all four items.

The results of the thematic abstraction process were categorized according to basic, organizing, and global themes (see Appendix E for a sample table of themes), and then presented visually in a thematic network (see Figure 2 for thematic network regarding changes in culture and comfort with disclosure).

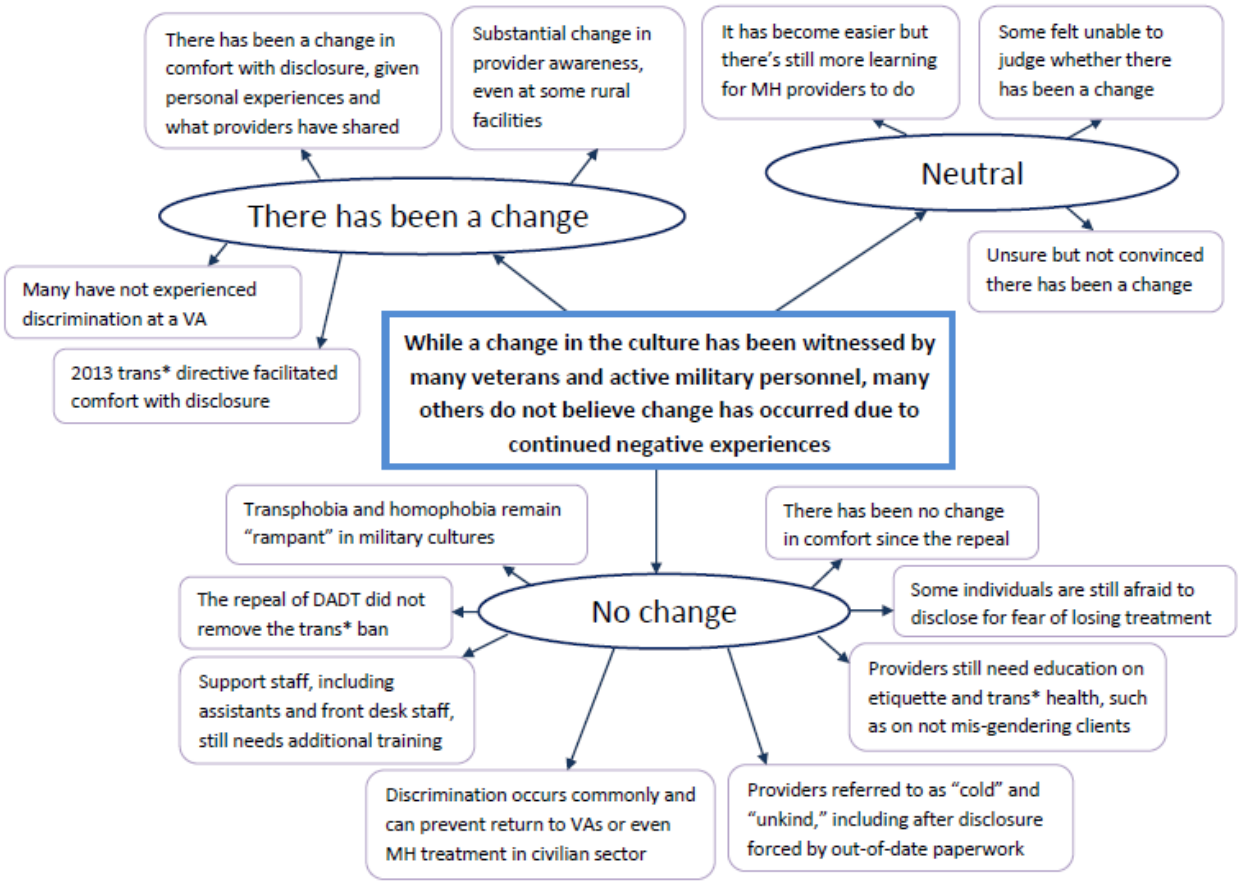

Figure 2. *Changes in Culture and Comfort Thematic Network*

The global theme regarding changes in military cultures and comfort with disclosure was, "While a change in the culture has been witnessed by many veterans and active military personnel, many others do not believe change has occurred due to continued negative experiences." The organizing themes under this global theme were "there has been a change," "no change," and "neutral."

From those participants who believed there had been a change since the repeal, basic themes were abstracted regarding how personal experiences and provider comments had suggested there had been a change, how there had been a substantial change in provider awareness (even at some rural facilities), how numerous participants had *not* experienced discrimination at a VA since the repeal, and how the 2011 trans* directive (not the repeal of DADT) facilitated comfort with disclosure over the past few years.

Many of the text segments that informed these basic themes were about personal experiences that promoted the belief that there has been a change in comfort with disclosure since the repeal. For example, one participant stated, "I think it's more common because I disclosed after that," and another shared, "I have had doctors tell me that they have a lot of veterans who disclose sexual or gender identities to them." One of the text segments that informed the basic theme about a substantial change in provider awareness (even at some rural facilities) was indicative of a change in VA *and* military cultures: "I felt a general sense of openness and acceptance, also support from fellow veterans or active duty personnel."

Eight of the abstracted basic themes fell under the organizing theme of "no change." Specifically, these basic themes included: (a) "there has been no change in comfort since the repeal," (b) "some individuals are still afraid to disclose for fear of losing treatment," (c) "providers still need education on etiquette and trans* health, such as on not misgendering

clients," (d) "providers referred to as 'cold' and 'unkind,' including after disclosure forced by out-of-date paperwork," (e) "discrimination occurs commonly and can prevent return to VAs or even mental health treatment in civilian sector," (f) "support staff, including assistants and front desk staff, still needs additional training," (g) "the repeal of DADT did not remove the trans* ban," and (h) "transphobia and homophobia remain 'rampant' in military cultures."

In regards to the basic theme about participants fearing the loss of treatment due to disclosure of a minority identity, one participant shared, "I recently sought counseling but didn't disclose that I was a lesbian for fear of not receiving treatment." After explaining that outside physicians will not treat her service-connected injuries *because* they are service-connected, another veteran stated that disclosure of a minority identity to her VA provider would be risky: "I do not want to jeopardize that treatment; we have to fight too hard to get ANY treatment in the first place." Similarly, another participant shared that "as a veteran seeking healthcare with a military provider, when I disclosed my sexual orientation after the repeal of DADT, the response from the social worker was not helpful to the point I am terrified of seeking care from anyone in the VA system or even in the civilian sector."

One of the segments that contributed to the basic theme about transphobia and homophobia remaining rampant was: "everywhere I go as someone that works for the military and [is] a veteran there are constant undertones and people making homophobic and transphobic remarks." A text segment from the basic theme regarding training of support staff reads, "trying to enroll, the person I gave the paperwork to said in a voice loud enough for everyone to hear in the lobby 'did you get the sex change': I haven't gone back." Numerous text segments also related to the additional learning necessary for *providers* regarding trans* health, including: (a) "so far mental health is very cold and uneducated on transgender issues," (b) "I have also been

misgendered numerous times," and (c) "the paperwork for my legal name change kept 'getting lost.'"

Basic themes under the organizing theme of "neutral" included: (a) "it has become easier but there's still more learning for mental health providers to do," (b) "some felt unable to judge whether there has been a change" and (c) "some were unsure but not convinced there has been a change."

Sample text segments that represent each of these basic themes, respectively, include: (a) "I think it has become easier since the repeal but I think there is some learning curve for the mental health care providers," (b) "I believe [there has been a change], but have no data to back my assertion," and (c) "not really [been a change]."

Facilitating comfort with disclosure. Responses to the question of how mental health providers could better facilitate comfort with disclosure of gender and sexual minority identities were analyzed separately from responses to the other qualitative items. An additional coding manual was constructed after open-coding this item.

The results of the thematic abstraction process were categorized according to basic, organizing, and global themes and presented visually in a thematic network (see Figure 3 for thematic network regarding facilitation of disclosure).

The global theme concerning facilitating comfort with disclosure was: "Many provider characteristics facilitate comfort with disclosure of sexual and gender minority identities and some systemic changes, including improved provider training, could help further facilitate that comfort." The organizing themes that fell under this global theme were (a) "provider characteristics," (b) "provider education," and (c) "systemic changes."

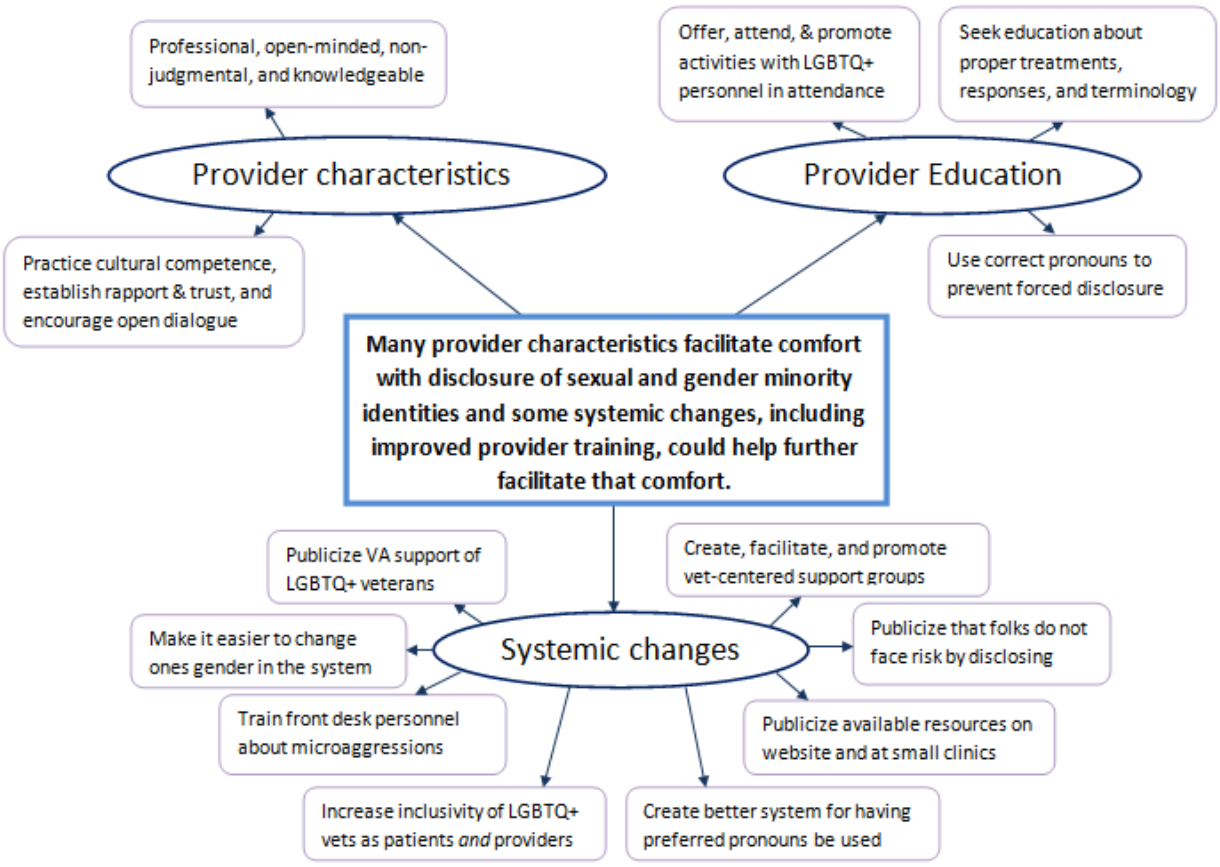

Figure 3. *Facilitating Disclosure Thematic Network*

In regards to provider characteristics, two basic themes were abstracted. The first expressed that providers who are professional, open-minded, non-judgmental, and knowledgeable offer a space that is more comfortable to disclose in. The second basic theme articulates that providers who practice cultural competence, establish rapport and trust, and encourage open dialogue are more likely to facilitate comfort with disclosure for veterans and active military personnel.

Some of the text segments that informed these basic themes include, "not expecting patients to educate their doctors," and "encourage and reward open dialogue." One participant encouraged providers to "become culturally-competent as well as professionally-competent to work with this population," further stating, "I have already had to educate my provider on basic standards of care."

Three basic themes fell under the organizing theme of "provider education." Specifically, these basic themes encouraged providers to (a) "offer, attend, and promote activities with LGBTQ+ personnel in attendance," (b) "seek education about proper treatments, responses, and terminology," and (c) "use correct pronouns to prevent forced disclosure."

In regards to provider education, one participant called for, "training of staff to understand the nature of gender variant people in using the names and pronouns so as not to 'out' someone." Another participant encouraged VAs to "provide more training to other VA doctors, staff and volunteers so they are more familiar with the wider gender issues."

Lastly, in regards to systemic changes that will help facilitate disclosure of gender and sexual minority identities, eight basic themes were abstracted. Participants encouraged VAs to (a) "create, facilitate, and promote vet-centered support groups," (b) "publicize that folks do not face risk by disclosing," (c) "publicize available resources on website and at small clinics," (d)

"create better system for having preferred pronouns be used," (e) "increase inclusivity of LGBTQ+ veterans as patients *and* providers," (f) "train front desk personnel about microaggressions," (g) "make it easier to change ones gender in the system," and (h) "publicize VA support of LGBTQ+ veterans."

Examples from the text segments that informed these basic themes include: (a) "much more publicity is needed by the VA telling LGBT vets that they're not alone, they face no risk by disclosure to VA mental health providers, and they can be put in contact with LGBT vet support groups," (b) "have a protocol for using preferred name and pronouns," and (c) "I've only been to [the] VA a couple of times now, but those days in which I feel like having my nails painted, I'd rather not get disgusting looks from the people behind the front desk; makes me nervous to walk in there now, but I have to."

One text segment that did not fit under any of the basic themes across both thematic networks was revealing, nonetheless: "for some veterans, disclosure has historically caused them to lose everything, and they may never disclose at a VA." Another participant stated, "I left my career in the military to not be prosecuted for both sexual orientation AND gender identity; as a senior staff officer, many in my position lost everything, including future benefits, by disclosure." These segments suggest that for those veterans who experienced or witnessed the discrimination made legal by DADT, disclosing a gender or sexual minority identity to a VA provider may never seem appealing, despite any political changes that may occur.

Discussion

United States (US) military personnel and veterans face unique stressors; their challenges are compounded if they also identify with a gender or sexual minority identity. In historically discriminatory military settings, disclosure of such minority identities was, until recently,

impossible without fears of discharge. But both concealment and disclosure may carry psychological risk. For example, anxiety surrounding concealment of sexual identity has been related to depression and PTSD symptoms (Cochran et al., 2013). Congruent with the Minority Stress Model (MSTM; Meyer, 2003), these minority groups face stressors, including identity concealment, that put them at an increased risk for mental health difficulties. Now, with the repeal of DADT, disclosure offers new opportunities and obstacles for personnel and veterans seeking VA mental health care. The current study aimed to illuminate active military personnel and veteran perspectives on whether disclosure has indeed become easier and whether military cultures have improved since the repeal. Participants were also asked about ways for providers to further facilitate comfort with disclosure. Thematic analysis of the qualitative items revealed two sets of information: (a) one regarding the possible changes in culture and comfort with disclosure of minority identities (see Figure 2), and (b) one regarding how providers could further facilitate that comfort (see Figure 3).

The quantitative results suggest that the majority of participants have noticed a change in the VA culture since the repeal of DADT in 2011, which is excellent news for LGBTQ+ veterans and active military personnel who are interested in seeking care at a VA. The qualitative results suggest that there is still much more work for VAs to do to further facilitate the comfort and support of LGBTQ+ veterans and personnel. Although participants who identify as transgender were still being openly and legally discriminated against at the time of data collection, more than half of these participants had also experienced an increased sense of comfort disclosing to VA mental health providers after the repeal of DADT. Thus, the steps toward increased inclusion that the military and VA cultures have made have supported members of both sexual and gender minority groups, despite DADT being specifically for sexual minority groups. Each step is

contributing to an atmosphere of inclusion for both minority groups, and the recent repeal of the ban on individuals who identify as transgender from serving has likely further contributed to that atmosphere of inclusion.

Changes in Military Cultures & Comfort with Disclosure

The results of the current study suggest that the repeal of DADT and the VHA directive on trans* and intersex health have indeed made it easier to disclose to VA providers for many participants. For the multiple choice item, 50% of participants responded that they believed there had been a change in comfort with disclosure since the repeal of DADT, whereas 20% endorsed that no change had occurred and 27% did not believe a change had occurred because they had already disclosed to their providers. Thus, only a small minority of participants was still fearful of disclosure and more than twice as many participants believed the repeal of DADT had resulted in greater comfort with disclosure.

In the qualitative data, many participants provided positive experiences, including around providers becoming more aware and understanding. One participant stated, "I am active duty; in both worlds the cultural climate has improved substantially." Many participants also specified that it was the VHA directive for trans* and intersex health that made them feel more comfortable. Given that some participants expressed that the trans* ban was a barrier to care, it remains to be seen whether the lift of the ban has increased comfort in recent months.

Despite the obvious endorsement by participants that there has indeed been a change since the repeal of DADT, there were also numerous accounts of people across many states still experiencing fear and discrimination. The qualitative data, in particular, revealed these continued negative experiences despite the repeal. For example, participants recounted experiences of being mis-gendered or having their identities disclosed for them by staff using the wrong names

or pronouns. Participants also referred to worries that revealing gender and sexual minority identities might interfere with access to care, with one participant stating, for example, "I recently sought counseling but didn't disclose that I was a lesbian for fear of not receiving treatment." Others had negative experiences with providers that prevented return to mental health services at the VA or even to treatment in the civilian sector. Therefore, although it appears that the majority of participants believe there has been a change in comfort with disclosure since the repeal, there is still more culturally-sensitive work to be done for mental health providers working with military populations across the nation.

The experience of discrimination appears to be associated with age. Participants over 50 were more likely to have experienced discrimination and to not believe there had been a change. Given that these participants experienced the military cultures for longer, including for more time during periods of active discrimination, these findings are not surprising. This age distinction was supported by the responses to the qualitative items, which stated, for example, "younger veterans tend to express it to other younger veterans more." Thus, the culture among younger veterans may be different from that among older veterans and, as in civilian life, is seemingly more understanding and accepting.

Even though trans* participants were more likely to endorse having experienced discrimination at a VA, they were *not* more likely to believe there had been no change in comfort since the repeal. This finding appears to signify the change that has occurred in trans* care by the VA system over the past handful of years, such that participants who identify as trans* noted changes even if they were still experiencing discrimination since the repeal.

Facilitating Comfort with Disclosure

While the first set of qualitative responses illuminated numerous perspectives on cultural change, including positive, negative and neutral perspectives, the second set revealed recommendations for facilitating disclosure from veterans and active military personnel themselves. These recommendations fell into three categories: (a) provider characteristics, (b) provider education, and (c) systemic changes. Participants encouraged providers to be professional, open-minded, and culturally-competent. Participants specified that provider education should not be performed by the patient, but if that is necessary, it is important to be curious and learn from patients. Participants also encourage that correct pronouns and names be used at all times. Lastly, participants also recommend that the VA increase inclusivity, publicize support for LGBTQ+ veterans and military personnel, provide LGBTQ+ support groups, and create a system for using preferred pronouns.

It is widely accepted that LGBTQ+ individuals belong to a minority group and experience minority stress based on that status; as such, it is a social justice concern to increase awareness of and access to services that are uniquely tailored to suit this population. Providing culturally-sensitive treatments for this group of veterans and active military personnel will improve outcomes and enhance inclusivity. Publicizing support for these individuals and creating a preferred pronoun system will also both further improve inclusivity, as well as LGBTQ+ veteran and active military personnel comfort with seeking services at a VA. Concerns about being forced to disclose a minority gender identity due to incorrect pronouns being used in the waiting room or with a new provider impede help-seeking by trans* veterans and active military personnel. Therefore, creating a system in which administrators and providers will know a

client's pronoun before meeting with them will help improve the cultural sensitivity of VAs and eventually improve trans* client comfort with seeking help at a VA.

US veterans who identify with sexual minority identities have multiple, intersecting identities that put them at higher risk for mental health disorders (including depression, anxiety, and substance use disorders) than their non-minority peers (Cochran, 2001). Thus, these minority groups are also more likely to need mental health services. Much of the research on cultural competence has found that culturally-sensitive treatments are important for effectively intervening with minority populations (e.g., Roysircar et al., 2003). The current findings illuminated that participants were calling for this, as well, with one participant asking for providers to "become culturally-competent as well as professionally-competent to work with this population" and another asking providers to be educated on "proper treatments, responses, and terminology" for this population.

Given that concealment of minority gender and sexual identities also has a negative impact on military task and social cohesion (Moradi, 2009), it is especially important for the VA to support disclosure more effectively, and for the military to address discrimination more directly. The current results revealed that many participants expressed difficulty disclosing minority identities to both mental health provider and to peers; indeed, it is possible that it's easier to disclose to providers. For example, one participant stated, "some other veterans still have heartache over LGBT persons, but the providers and staff seem better," and another shared that they would feel more comfortable disclosing to a provider than other veterans. Therefore, if these results suggest that it is still difficult for many to disclose to providers, and yet it can be even more difficult to disclose to peers, it is possible that such concealment in military cultures is continuing to hamper task and social cohesion. Further, it is likely that concealment from

providers is hampering provider ability to offer culturally-competent care, given that providers cannot make culturally-sensitive adjustments to treatment protocols without knowing the client's status as a member of a minority group.

Many of the concerns found from the VA psychologist perspective by Johnson and Federman (2013) were also referenced by veterans and active military personnel in the current data. For example, there continue to be concerns about the military cultures for many participants, including in regards to staff, other veterans, and the military environments themselves. Psychologist concerns about ensuring privacy while using electronic medical records were also reiterated by both veterans and active military personnel, largely expressed through concerns about losing treatment by disclosing to a provider. Lastly, participants also concur with findings of Johnson and Federman that there is a need for training of providers and staff, as well as a need for additional resources for them.

Participants also made some additional recommendations. These include: the VA providing publicity about what services are available (especially more on the websites and at small clinics), as well as publicity about VHA and DoD support of LGBTQ+ veterans and active military personnel. Publicity about available LGBTQ+ resources and services would raise awareness for, and utilization by, LGBTQ+ veterans and active military personnel, but publicly recognizing VA mental health services for these minority groups would also likely further improve the military and VA cultural acceptance of them. For example, veterans and active military personnel who see the services listed and become more aware that such services exist for their LGBTQ+ peers may be more likely to start to accept such peers. Similarly, visibility of VA and DoD support—not just services—for LGBTQ+ individuals would likely further enhance

the peer acceptance of these minority groups, in addition to provider and administrator acceptance.

Limitations

Many phenomenological studies employ semi-structured interviews (Creswell, 2006). One of the limitations of the current study is that, although the survey method was used in order to protect participant anonymity, it also precluded reaping the benefits of semi-structured interviews. Semi-structured interviews allow the researcher to get clarification about responses she or he may not understand, and also allow the researcher to adjust questions within the interview process to better suit the participant. Neither clarification nor question adjustment were possible in the survey format, as the participant and researcher were not interacting.

Further, interviewers can prompt participants for more information before moving on to the next question, whereas the survey participants were able to leave questions unanswered, unclear, or with too-terse responses. During an interview, researchers can also adjust the questions between interviews, if they start finding that certain questions are not eliciting the information they were looking for. Because I posted the survey link on forums, it was available to all participants at the same time. Thus, I was not able to adjust the survey questions based on how participants were responding. However, for purposes of recruitment and anonymity, the survey still had many benefits for illuminating an honest, full picture of the current effects of the repeal of DADT on veteran and active military personnel comfort with disclosure of gender and sexual minority identities.

Transferability of results may be limited by the fact that the LGBTQ+ veterans and active military personnel who were inclined to fill out the survey only represent one subsection of the population. For example, disgruntled individuals, or those who commonly participate in social

media, may have been more inclined to have their voices heard. This possibility is supported by the fact that many more text segments informed the basic themes about there *not having* been a change than those that informed the basic themes about a change *having* occurred. Alternatively, those who were unhappy with the VA may not have wanted to participate in the survey for fear of retribution or loss of treatment. However, the format did minimize fear of retribution through the commitment to confidentiality (or anonymity for those who chose it) found in the informed consent document. Further, credibility may have been limited by the lack of member-checking; participants were merely sent the results rather than asked for feedback.

Lastly, although none of the participants explored this possibility, it is probable that the changing culture at large (not just the military cultures) has also had effects on veteran and active military personnel comfort with disclosure of gender and sexual minority identities. For example, politics unrelated to the military, such as those surrounding marriage equality, likely impact veteran and active military personnel perspectives. Further, the improving social atmosphere and media coverage of LGBTQ+ rights in the US have likely enhanced comfort with disclosure to mental health providers for all LGBTQ+ individuals over the past few years. Enhanced comfort with disclosure in the greater LGBTQ+ community may have had a positive impact on LGBTQ+ veteran and active military personnel comfort with disclosure, as well. Thus, the relationship between changes in the US culture and those in the military cultures could be explored in future research to reveal whether US changes influenced veteran comfort with disclosure beyond changes made in VHA and DoD policies.

Future Research

Future research should continue checking in on veteran and active military personnel perspectives on how the cultures continue to shift, as Johnson and Federman (2013) have also

recommended. As political shifts continue to impact military culture, it will be important to continue collecting veteran and active military personnel perspectives and continue getting feedback about what to do to improve care as increasing numbers of out active duty and veterans seek treatment at VAs.

The current methods could be repeated with a larger sample to get increased power for running quantitative analyses. This would allow researchers to explore statistical significance of any of the current effects, and, perhaps, by including additional quantitative items, researchers could illuminate additional effects. Alternatively, future research could take the opposite approach and go further in-depth with semi-structured interviews, instead of a survey. This would allow the researcher to go back and forth with participants and change questions based on participant answers, as well as prompt for more information and richer narratives. Online interviewing could be used to maintain confidentiality or anonymity. Future research could focus on social policy, or connections between civilian and military cultural shifts.

It is important to note that the data were collected before the trans* ban was lifted, such that active duty trans* individuals were still being legally discriminated against during the period of this study. However, the Veteran's Health Administration (VHA) had released the trans* and intersex health directive in 2011 (and updated it in 2013), so trans* individuals were being seen at VAs across the US well before the data were collected. The responses about the repeal of DADT (in 2011) suggest that there has been a time lag for many individuals in comfort with disclosure, despite political changes. It is possible that a comparable lag in comfort with disclosure might follow the repeal of the trans* ban; the answer to this question will need to be addressed in future research.

Thus, military and VA mental health providers would also benefit from reviewing changes in disclosure and treatment-seeking since the trans* ban has been lifted. Although it is likely easier for many veterans and active military personnel to disclose and seek treatment with this new political shift, if it parallels the repeal of DADT, there may also be many who do not feel comfortable doing so for some time to come. As one participant explained, "many LGBT people who are vets, do not identify as such because our experience in the military was so painful, especially if we were investigated, harassed and discharged for such reasons- there are many who, for that reason, have never sought to activate their VA benefits, and who therefore miss out on all of those benefits."

Conclusion

Now that we are six years past the repeal of DADT, the VA mental health staff faces new challenges in care for LGBTQ+ veterans and active military personnel (Johnson & Federman, 2013; Ramirez et al., 2013). The current research sought the perspectives of LGBTQ+ veteran and active military personnel on their comfort with disclosure of gender and sexual minority identities since the repeal. In addition, LGBTQ+ veterans and active military personnel offered recommendations for ways for providers might further work to minimize remaining barriers to comfort with disclosure of gender or sexual minority identities.

The US military has been serving our freedom for decades. However, many in the military suffered distress associated with concealment of sexual identity. They have faced the serious threat of being discharged due to legal restrictions, including DADT. With recent policy changes, the US government is no longer forcing veterans and military personnel to conceal their non-heterosexual or trans* identities. As part of new policy, these populations deserve effective, culturally-relevant, clinical support for their mental health and health care needs. The current

research revealed that there is still a substantial amount of work to be done in order to further facilitate comfort with disclosing minority identities in the VA and military systems. At the same time, progress has been rapid and notable. It is heartening to find that many more providers are now exuding awareness and understanding. Implementing the recommendations of LGBTQ+ veterans and active military personnel will be an excellent next step in helping to further facilitate comfort with disclosure and true equality for all who serve.

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APPENDIX A: Survey Questions

1. Since the repeal of Don't Ask Don't Tell (DADT), have you noticed a change in the US veteran culture? Please tell us about your experiences that support your answer.
2. Do you think disclosure of minority sexual or gender identities to VA mental health care providers has become more common since the repeal? Please tell us about your experiences that support your answer.
3. Do you think discussing topics about gender and sexual identities with mental health care providers at the VA has become easier since the repeal? Please tell us about your experiences that support your answer.
4. In your opinion, has the repeal of DADT made you feel more comfortable disclosing your sexual identity to mental health care providers at the VA?
    i. Yes
    ii. No
    iii. No, because I was already out to my providers
    iv. Don't know
5. Concealment of sexual or gender identities can cause mental health difficulties and can prevent individuals from getting appropriate treatment. What are some ways VA mental health care providers could support the safety necessary for individuals to disclose minority sexual or gender identities?

APPENDIX B: Demographic Questions

a. What gender do you most identify with at this time?
    i. Female
    ii. Male
    iii. Trans*
    iv. Two-Spirit
    v. Gender Fluid
    vi. Other…
b. What biological sex were you born with?
    i. Female
    ii. Male
    iii. Intersex
    iv. Other…
c. What sexual identity do you most identify with at this time?
    i. Straight
    ii. Gay
    iii. Bisexual
    iv. Queer
    v. Questioning
    vi. Pansexual
    vii. Asexual
    viii. Other…
d. Are you active military or veteran status? (Active military, veteran, other)
e. Do you currently receive, or have you received in the past, mental health services from the VA? (Yes, no, other)
f. If so, are you out to your mental health providers at the local VA? (Yes, no, other)
g. Have you experienced discrimination from any VA providers since the repeal? ___
h. What war(s) were you engaged in? ___
i. What is your age? ___
j. What state do you live in? _____

APPENDIX C: Recruitment Letters

I. Website Recruitment Letter

Dear Site Administrator,

My name is Kate Evarts and I'm a doctoral student at Antioch University New England. For my dissertation, I am hoping to have LGBTQ+ veterans and active military personnel answer a few questions about what it might be like now that we are 5 years past the repeal of Don't Ask Don't Tell (DADT). Specifically, I'm hoping to hear from veterans and active personnel themselves about whether the repeal actually had effects on their comfort with disclosing minority sexual and gender identities to Veteran's Affairs providers. I will also be asking whether there are other things such providers could do to improve veteran comfort and inclusion.

In order to get this information, and make anonymous contact with LGBTQ+ veterans and active military personnel, I have put my questions in a survey, which can easily be posted on websites. I was wondering if you would be willing to post the link to my survey on your website so that I may be able to reach as many participants as possible? If so, are there particular procedures that you will need me to do? Please feel free to get back to me at your earliest convenience.

Thank you so much for your time and consideration,

Kate Evarts, MS

LINK:

II. Participant Recruitment Letter

Dear LGBTQ+ Veteran or Active Service Member:

My name is Katherine Evarts and I'm doing my dissertation for my doctorate in psychology on the mental health care culture for LGBTQ+ veterans and active military personnel, now that we are in a post-DADT world. I am hoping to explore the ways in which the repeal may have affected disclosure of minority sexual or gender identities for you, as well as the ways in which VA providers may be able to improve veteran and active personnel comfort with disclosure. Are you a veteran or active service member over 18? Do you identify as non-heterosexual or as transgender? I would love your help! If you would be willing to fill out the survey at the link below, which consists of five open-ended questions, and may take about 20 minutes of your time, I would greatly appreciate your contribution!

You do not have to provide your name or email address if you wish to remain anonymous. However, if you would like to be entered into a raffle for $20 gift card to Amazon, you can provide your email address at the end, which will be kept separate from your survey and will remain confidential.

If you are not interested in participating in this survey, do you know any veterans or active military personnel who identify as non-heterosexual or transgender, or both, who might be? Please feel free to send this letter and link along to anyone who may be interested in participating!

Thank you for your consideration of my survey,
Katherine Evarts

LINK:

APPENDIX D: Informed Consent

Project Title: *Veteran Comfort with Disclosure after the Repeal of Don't Ask Don't Tell*

Principal Investigator:

Katherine Evarts
Doctoral Candidate
Department of Clinical Psychology
Antioch University New England
40 Avon Street, Keene, NH 03134
Telephone: XXX-XXX-XXXX
Email: XXXX@XXXXX

Purpose of this Research: This research hopes to raise LGBTQ+ veteran voices about the possible effects that the repeal of Don't Ask Don't Tell (DADT) may have had on the VA mental health care culture, and any effects it may have had on veteran comfort with disclosure of minority sexual and gender identities. In addition to possible changes in the culture, you will also be asked to reflect on ways that VA mental health providers could improve your comfort with disclosure of minority identities.

Procedures: You will be asked to engage in the following survey. By clicking "Next" below, you will be providing your informed consent. You will then be asked to answer several open-ended questions. At the end of the survey you will be asked to identify, in an open format, your gender, sexual orientation, and some other information. The survey will likely take about 20 minutes. You will then be able to provide your email address for entry in a raffle for a $20 gift card to Amazon.com. You can also check an option to receive the results from the current research. You do not have to provide your email address so that you will remain entirely anonymous. If you do provide your email address, it will be kept separate from your survey and will remain confidential.

Benefits & Risks: By engaging in this survey, you will be contributing to the LGBTQ+ veteran perspectives on possible changes in veteran culture, which will help VA mental health staff members in their care for you and other veterans. Your contributions will also enhance the psychological field of research surrounding clinical support of veterans who identify as non-heterosexual or as transgendered.

There are no perceived physical threats if you participate in this study. However, you will be asked to reflect on veteran culture and issues of disclosure of minority

identities, which may cause some psychological distress. In addition, some of your viewpoints may be at odds with the VA's, suggesting a risk of worry related to thinking about that conflict, or a risk of worry related to your employer finding out about the disagreement. However, anonymity can be entirely maintained given the survey method of the current study, as I describe below.

Confidentiality and Anonymity: In order to minimize the risk of distress related to holding a different viewpoint from the VA, I have taken confidentiality and anonymity very seriously. By using survey methods, I have ensured that you can answer the questions completely anonymously. Even if you choose to provide an email address for the raffle or follow-up, it will be kept separately from your responses and I do not require your name. Your email address will not be shared with anyone for any reason, should you choose to provide it. It will remain safely locked and protected, and will be destroyed after the raffle is held.

Voluntary Participation: You are always welcome to withdraw your participation without penalty of any kind, and your unfinished responses will not be used.

Questions: Please feel free to contact me at the above phone number and email address. In addition, my research advisor is Dr. Martha Straus, Ph.D. and she can be reached at 603.283.2187. If you are feeling distressed after taking this survey, you can seek counseling services at your local VA, or you can call the National Suicide Prevention Lifeline at 1-800-273-8255.

Thank you for your participation,

Katherine Evarts, MS

APPENDIX E: Sample Thematic Network Table

Basic Themes	Organizing Themes	Global Themes
Providers who are professional, open-minded, non-judgmental, and knowledgeable	Provider characteristics that contribute to comfort with disclosure of gender and sexual minority identities	Numerous provider characteristics facilitate disclosure, and some systemic changes, such as improved provider training and increased publicity would help further facilitate disclosure
Practice cultural competence, establish rapport and trust, and encourage open dialogue		
Offer, attend, and promote activities with LGBT vets in attendance	Additional training and education around issues of gender and sexual diversity for providers	
Use correct pronouns to prevent forced disclosure		
Seek education about proper treatments, responses, and terminology		